

EMPLOYMENT APPLICATION

Madison United Healthcare Linen
(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Interview Time	Comments

Rate	Start Date
Dept.:	

Position(s) applied for _____ Desired Shift First (5AM-1:30PM) Second (1:30PM-10:00PM)
Note: Hours may vary

What days are you available? (circle all that apply) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours are you available? First (5AM-1:30PM) Second (1:30PM-10:00PM) As needed (overtime, pickup)

Have you worked with us before? Yes, If yes, when? _____ No

If your application is considered favorably, on what date will you be available for work? _____ 20__

PERSONAL

Name _____ Social Security Number _____
First Middle Last (Optional)

Present address _____ Telephone No. _____
No. City State Zip

Email Address: _____ Other Phone Number: _____

Are you legally eligible for employment in the USA? Yes No (Verification will be required upon employment)

Are you over age 18? Yes No

WORK HISTORY

Begin with your most recent position

Name of Company	Permission to Contact	From Mo Yr	To Mo Yr	Hourly Rate	Reason for Leaving
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe the work you did:					
Name of Supervisor		Telephone		(____) ____ - ____	Email:

Name of Company	Permission to Contact	From Mo Yr	To Mo Yr	Hourly Rate	Reason for Leaving
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe the work you did:					
Name of Supervisor		Telephone		(____) ____ - ____	Email:

Name of Company	Permission to Contact	From Mo Yr	To Mo Yr	Hourly Rate	Reason for Leaving
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe the work you did:					
Name of Supervisor		Telephone		(____) ____ - ____	Email:

REFERENCES

Names of persons who can vouch for you (references)

Name	Relationship	Phone	Email

EDUCATION/TRAINING

Circle the highest level completed

Grade	6	7	8	9	10	11	12	<input type="checkbox"/> Yes (Diploma or GED)
Technical College/University	1	2	3	4	5	more		<input type="checkbox"/> Yes Degree _____

Additional Training: _____

ADDITIONAL SKILLS:

Please list any skills you want us to know as we consider your application: _____

Have you been convicted of or pleaded no contest to a crime within the last **seven (7) years**? Yes _____ No _____

If yes, please explain _____

Note: An arrest and/or conviction record is not an automatic bar to employment and will only be considered if substantially related to the position for which you are applying.

PLEASE READ AND SIGN BELOW

I certify that all answers given by me are true, accurate and complete. I understand that falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. Only those designated by an officer of the company has the authority to enter into any agreement for employment.

Signature of Applicant

To Applicant:
Madison United Healthcare Linen (MUHL) is an equal opportunity employer. All aspects of employment including the decision to hire, promote, discipline, or discharge, will be based on merit, competence, performance, and business needs. We do not discriminate on the basis of race, color, religion, marital status, age, national origin, ancestry, physical or mental disability, medical condition, gender, veteran status, or any other status protected under federal, state, or local law.

Interview Comments:

**Authorization of Disclosure and Release of Information
Madison United Healthcare Linen**

I authorize Madison United Healthcare Linen (hereinafter known as "MUHL") and/or Fidelitec, LLC, and/or Fidelitec, LLC, to investigate all statements contained in my application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, law enforcement agencies, and consumer reporting agencies, to supply any and all information concerning my background and credit worthiness, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, consumer credit, and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reference reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

I hereby certify that all statements and answers contained in my application for employment on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information contained in my application for employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed. I understand that by furnishing my birth date below, MUHL or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and birth date is not part of my application for employment. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to MUHL and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with same authority as the original; and that this authorization be in effect throughout my candidacy for employment and, if employed by MUHL, this authorization shall remain in effect throughout my employment.

Print Name (First, Middle Initial, Last)

Signature

Date

Street City State Zip

SOCIAL SECURITY NUMBER	BIRTH DATE (MONTH/DAY/YEAR)	
DRIVER'S LICENCE NO.	STATE	EXPIRES

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____
